Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).	Complete if Known	
FEE TRANSMITTAL For FY 2005	Application Number	09/746,487
	Filing Date	December 22, 2000
	First Named Inventor	Steven Tu
☐ Applicant claims small entity status. See 37 CFR 1.27	Examiner Name	A. Patel
	Art Unit	2154
TOTAL AMOUNT OF PAYMENT ($) 1020.00	Attorney Docket No.	42390.P8934

METHOD OF PAYMENT (check all that apply)

☐ Check   ☐ Credit Card   ☐ Money Order   ☐ None   ☐ Other (please identify): _____

☑ Deposit Account   Deposit Account Number: 02-2666   Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☑ Charge fee(s) indicated below   ☐ Charge fee(s) indicated below, except for the filing fee

☑ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17   ☑ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES Fee ($)	FILING FEES Small Entity Fee ($)	SEARCH FEES Fee ($)	SEARCH FEES Small Entity Fee ($)	EXAMINATION FEES Fee ($)	EXAMINATION FEES Small Entity Fee ($)	Fees Paid ($)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee ($)	Small Entity Fee ($)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee ($)	Fee Paid ($)
_____ - 20 or HP = _____	x _____	= _____	

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee ($)	Fee Paid ($)
_____ - 3 or HP = _____	x _____	= _____	

HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims

Fee ($)	Fee Paid ($)
_____	_____

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is $250 ($125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee ($)	Fee Paid ($)
_____ - 100 =	_____ / 50 =	_____ (round up to a whole number)	x _____ =	_____

4. OTHER FEE(S)

	Fees Paid ($)
1) Extension for response within third month (Fee Code 1253)	1020.00

SUBMITTED BY

Signature	[signature]	Registration No. (Attorney/Agent)	51,003	Telephone	408-765-2194
Name (Print/Type)	Lawrence M. Mennemeier			Date	May 3, 2005

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TRANSMITTAL FORM	Application Number	09/746,487
	Filing Date	December 22, 2000
(to be used for all correspondence after initial filing)	First Named Inventor	Steven Tu
	Art Unit	2154
	Examiner Name	A. Patel
Total Number of Pages in This Submission **28**	Attorney Docket Number	42390.P8934

ENCLOSURES *(Check all that apply)*

☑ Fee Transmittal Form	☐ Drawing(s)	☐ After Allowance communication to Technology Center (TC)
☐ Fee Attached	☐ Licensing-related Papers	☐ Appeal Communication to Board of Appeals and Interferences
☑ Amendment/Reply	☐ Petition	☐ Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
☐ After Final	☐ Petition to Convert to a Provisional Application	
☐ Affidavits/declaration(s)	☐ Power of Attorney, Revocation Change of Correspondence Address	☐ Proprietary Information
☑ Extension of Time Request	☐ Terminal Disclaimer	☐ Status Letter
☐ Express Abandonment Request	☐ Request for Refund	☐ Other Enclosure(s) (please identify below):
☐ Information Disclosure Statement	☐ CD, Number of CD(s) _____	
☐ Certified Copy of Priority Document(s)	**Remarks**	
☐ Response to Missing Parts/ Incomplete Application	Official Response to Office Action mailed 11-3-2004.	**RECEIVED CENTRAL FAX CENTER**
☐ Response to Missing Parts under 37 CFR 1.52 or 1.53		MAY 0 3 2005

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Lawrence M. Mennemeier Reg. No. 51,003
Signature	*[signature]*
Date	5-3-2005

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Lawrence M. Mennemeier		
Signature	*[signature]*	Date	5-3-2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: **Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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Attorney's Docket No.: 42390.P8934   Patent

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of: Steven Tu, et al. Application No. 09/746,487 Filed: December 22, 2000 For: METHOD AND APPARATUS FOR SHARED RESOURCE MANAGEMENT IN A MULTIPROCESSING SYSTEM	Examiner: A. Patel Art Unit: 2154 **CERTIFICATE OF TRANSMISSION** I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, Fax No. (703)_872-9306___ on _5-3-05_ Lawrence Mennemeier Date

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Alexandria, VA 22313-1450

OFFICIAL RESPONSE

Sir:

In response to the Office Action mailed November 3, 2004, prior to consideration on the merits, Applicant respectfully requests the Examiner to consider the following remarks.

1